

GIRL TALK | Teen 24-Month Follow-up Questionnaire

ENTER TEEN ID: _ _ _ _ _

SECTION A: HOME ENVIRONMENT and WORK

To start I'd like to ask you some questions about your living situation.

1. How many different places have you moved to or lived in the last 6 months, that is since (MONTH)?

|_|_|_|_| (RANGE 1-25)
(IF Q.1=1, SKIP TO Q.4)

2. How many of these moves were because of problems with a family member you were living with?

|_|_|_|_| (RANGE 0-25)

3. How many of these moves were because of problems with a boyfriend?

|_|_|_|_| (RANGE 0-25)

4. How long have you been living where you are now? Would you say . . .

- 01 Less than 1 month
- 02 1-3 months
- 03 4-6 months
- 04 7-12 months
- 05 More than 12 months (SKIP TO Q6, THEN SKIP TO Q9)

5. Where do you live? (PROBE IF NEEDED)

- 01. GROUP HOME, (SKIP TO Q.9)
- 02. IN A SHELTER, (SKIP TO Q.9)
- 03. SUPERVISED APARTMENT, (SKIP TO Q.9)
- 04. ON THE STREET, (SKIP TO Q.9)
- 05. IN A HOUSE OR APARTMENT, (GO TO Q.6)
- 06. SOMEPLACE ELSE? (ASK 6sp)

6sp. SPECIFY _____ (SKIP TO Q9)

6. How many people live with you?

|_|_|_|_| (RANGE 0-99) (IF A6=0, SKIP TO A8)

**7. Starting with the oldest person who lives with you, please tell me their relationship to you.
(IF BOYFRIEND: PROBE- is this baby's father?)
(PROBE: ASK ABOUT BABY)**

	Relationship to Teen (use codes at right)	01 Baby 02 My mother 03 My father 04 My partner- (baby's father) 05 My partner (not baby's father) 06 My sibling 07 My grandmother or grandfather 08 My parent's partner 09 My step or half sibling 10 My cousin 11 My aunt 12 My other relative 13 Baby's father's mother	14 Baby's father's father 15 Baby's father's parent's partner 16 Baby's father's grandmother or grandfather 17 Baby's father's sibling 18 Baby's father's step or half sibling 19 Baby's father's other relative 20 My partner's parents or other relative 21 Non-relative/friend 22 Other (SPECIFY)
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			

8. Who's home is it? (MARK ALL THAT APPLY)

- 01 OWN PLACE
- 02 PARENTS
- 03 RELATIVES
- 04 PARTNER'S RELATIVES
- 05 PARTNER
- 06 FRIENDS
- 07 FOSTER HOME
- 08 OTHER (ASK 8sp)

8sp. SPECIFY _____

9. In the last 6 months, have you worked outside the home for pay? This includes both regular jobs and things like baby-sitting or housecleaning.

- 01 Yes
- 02 No (SKIP TO A14)
- 99 Refused (SKIP TO A14)

10. How many hours did you spend working for pay in a typical week? Would you say . . .

- 01 Less than 10,
- 02 10-20 hours per week on average,
- 03 21-30 hours per week on average, or
- 04 More than 30 hours per week on average?

11. What kind of work have you done? (MARK ALL THAT APPLY)

- 01. SALES
- 02. CLERICAL-OFFICE WORK
- 03. BABYSITTING-CHILDCARE
- 04. FOOD SERVICE
- 05 OTHER(ASK 11sp)

11sp. SPECIFY _____

12. When did you start back to work after your delivery, that is, which month and year?

|__ __| __ __| (FI NOTE: ENTER MONTH and YEAR)

13. Are you currently working? 01 Yes 02 No

Now I'd like to ask you about your household finances.

14. In the last 30 days, did you (or your baby) receive:		
a. Medicaid?	01. Yes	02. No
b. Food stamps?	01. Yes	02. No
c. TANF or AFDC?	01. Yes	02. No
d. WIC?	01. Yes	02. No
e. Day care vouchers or subsidy?	01. Yes	02. No
f. Tuition benefits through TANF or scholarship?	01. Yes	02. No
g. A housing subsidy or housing public/section 8?	01. Yes	02. No
h. Supplemental Security Income or SSI?	01. Yes	02. No

15. How many months in the last 6 months did you run out of money before the end of the month? Would you say . . .

- 01. None,
- 02. Once or twice, or
- 03. More than 2 times?

16. Were there any days in the last 30 days when you had no food because you could not afford it?

- 01. Yes,
- 02. No

17. About how often do you participate in worship services, church meetings, or other religious activities?

- 01. MORE THAN ONCE A WEEK
- 02. WEEKLY
- 03. ABOUT 2 OR 3 TIMES A MONTH
- 04. ABOUT ONCE A MONTH
- 05. LESS THAN ONCE A MONTH, BUT I'VE GONE IN THE PAST 6 MONTHS
- 06. FOR SPECIAL RELIGIOUS HOLIDAYS AND EVENTS
- 07. DO NOT ATTEND WORSHIP SERVICES/MEETINGS/OTHER ACTIVITIES

18. How connected or close do you feel to your religious group? Would you say...

- 01 Not very close
- 02 Somewhat close
- 03 Quite close
- 04 Very close

SECTION B: BABY CARE

Now I have some questions about your baby.

[FI NOTE: IF YOU KNOW BABY DIED, DO NOT ASK Q1. ENTER 06 or 07 for Q1)

1. How is your baby doing? Would you say your baby's health is . . .

- 01. Excellent (SKIP TO Q.3)
- 02. Very good (SKIP TO Q.3)
- 03. Good (SKIP TO Q.1a)
- 04. Fair (SKIP TO Q.1a)
- 05. Poor (SKIP TO Q.1a)
- 06. BABY DIED 0-18MO—ALREADY KNEW (ASK Q.3A, THEN SKIP TO Q.21)
- 07. BABY DIED 18-24MO—FINDING OUT NOW (SKIP TO Q2)
- 08. DON'T KNOW- BABY LIVING ELSEWHERE (SKIP TO Q.3)

1a. What health problems does your baby have? (MARK ALL)

- 01. ASTHMA (SKIP TO Q.3)
- 02. SICKLE CELL (SKIP TO Q.3)
- 03. CONGESTED/KEEPS A COLD (SKIP TO Q.3)
- 04. OTHER SPECIFY (ASK 1sp)

1sp. Specify health problems? _____ (SKIP TO Q.3)

[ASK IF BABY DIED IN PAST 6 MONTHS (Q.1=07)]

2. What was the cause of your baby's death?

[IF BABY DIED (06 or 07), DO NOT ASK Q3. ENTER "the baby"]

3. What is/was your baby's name? _____ (PROGRAM NAME INTO CAPI)

3a. What was (BABY)'s birth weight at delivery?

|_|_| Pounds |_|_| Ounces

[IF BABY DIED (06 or 07), DO NOT ASK Q3b.]

3b. What is (baby)'s weight now?

|_|_| Pounds

(IF BABY DIED IN 1st 18 MONTHS (B1=06), SKIP TO B21)

(IF BABY DIED IN 19-24 MONTHS (B1=07), CONTINUE BUT USE ALTERNATE WORDING)

4. Currently, does (BABY) spend 4 or more nights each week with you?

IF BABY DIED: (Did (BABY) spend...)

- 01 Yes (SKIP TO Q.9)
- 02 No

5. With whom does/did (BABY) stay at night? (CHECK ALL THAT APPLY)

- 01 BABY'S FATHER (ASK 6)
- 02 MY PARENTS (ASK 6)
- 03 PARENTS OF BABY'S FATHER (ASK 6)
- 04 OTHER RELATIVE (ASK 6)
- 05 FRIEND (ASK 6)
- 06 FOSTER PLACEMENT (ASK 6)
- 07 ADOPTION (SKIP TO 7)
- 08 OTHER (ASK Q.5sp)

5sp. SPECIFY _____ (ASK 6)

6. How many days per week do/did you usually see (BABY)?

|_|_| Times per week (LIMIT=0-7)

7. Is/Was this living situation something that was legally required or court ordered?

- 01 Yes
- 02 No

8. How old was (BABY) when this arrangement began?

|_|_| Months (NOTE: IF LESS THAN 1 MO, ENTER 0)

9. Is/Was Child Protective Services, that is CFSA, working with you or your child?

- 01. Yes
- 02. No

[IF TEEN CURRENTLY HAS NO CONTACT WITH BABY (B6=0 OR B5= 07) AND (B8>6) **SKIP TO B12** AND USE ALTERNATE WORDING]

[IF TEEN HAD NO CONTACT WITH BABY IN PAST 6-MO (B6=0 OR B5= 07) AND (B8=6) **SKIP TO B21**]

[IF BABY DIED (B1=07) **SKIP TO B12** AND USE 'BABY DIED' WORDING]

10. In the past 6 months, has (BABY) been to see a health provider?

- 01 Yes (SKIP TO Q11)
- 02 No (ASK 10a)

10a. Why not? (CHECK ALL THAT APPLY)

- 01 MISSED LAST APPOINTMENT
- 02 VISIT IS SCHEDULED BUT NOT YET DUE
- 03 NO TRANSPORTATION
- 04 NEED TO FIND A DOCTOR
- 05 NO MEDICAID/INSURANCE
- 06 OTHER (ASK 10sp)

10sp. SPECIFY: _____

11. Is he/she up to date in receiving immunizations or shots?

- 01 Yes
- 02 No
- 98 DON'T KNOW

12. (In the past 6 months, how many times has (BABY) gone) to the emergency room for an injury, such as a fall, burn, or cut?

IF (B6=0 OR B5= 07) AND (B8>6): (In the time that the baby lived with you during the past 6 months, how many times did he/she go)

IF BABY DIED (B1=07): (Before (BABY) died but since (6 MONTHS AGO) how many times did he/she go)

|____|____| (RANGE 0-20)
(IF 0, SKIP TO Q.13)

12a. For what type(s) of injury did (BABY) go to the emergency room? (MARK ALL)

- 01 A FALL
- 02 CUT OR SCRAPE
- 03 BURN
- 04 CHOKING OR SUFFOCATION
- 05 WATER-RELATED ACCIDENT
- 06 CRUSHING INJURY
- 07 ELECTRICAL INJURY
- 08 ACCIDENTAL POISONING
- 09 MOTOR VEHICLE ACCIDENT
- 10 OTHER (ASK 12a_sp)

12a_sp SPECIFY: _____

13. (In the past 6 months, how many times has (BABY) gone) to the emergency room for a sick visit, that is, because he/she was not feeling well?

If (B6=0 OR B5= 07) AND (B8>6): (In the time that the baby lived with you during the past 6 months, how many times did he/she go)

If BABY DIED (B1=07): (Before (BABY) died but since (6 MONTHS AGO) how many times did he/she go)

|____|____| (RANGE 0-20)

14. (In the past 6 months, how many times has (BABY) gone) to the doctor or clinic for an injury, such as a fall, burn, or cut?

If (B6=0 OR B5= 07) AND (B8>6): (In the time that the baby lived with you during the past 6 months, how many times did he/she go)

If BABY DIED (B1=07): (Before (BABY) died but since (6 MONTHS AGO) how many times did he/she go)

|____|____| (RANGE 0-20)
(IF 0, SKIP TO Q.15)

14a. For what type(s) of injury did (BABY) go to the doctor or clinic? (MARK ALL THAT APPLY)

- 01 A FALL
- 02 CUT OR SCRAPE
- 03 BURN
- 04 CHOKING OR SUFFOCATION
- 05 WATER-RELATED ACCIDENT
- 06 CRUSHING INJURY
- 07 ELECTRICAL INJURY
- 08 ACCIDENTAL POISONING
- 09 MOTOR VEHICLE ACCIDENT
- 10 OTHER (ASK 14a_sp)

14a_sp SPECIFY: _____

15. (In the past 6 months, how many times has (BABY) gone) to the doctor or clinic for a sick visit, that is, because he/she was not feeling well?

If (B6=0 OR B5= 07) AND (B8>6) (In the time that the baby lived with you during the past 6 months, how many times did he/she go)

If BABY DIED (B1=07): (Before (BABY) died but since (6 MONTHS AGO) how many times did he/she go)

|____|____| (RANGE 0-20)

I'd like to ask you about your arrangements for childcare.

16. (In the past 6 months), how many different childcare arrangements have you had, other than you taking care of the baby? That is, how many other individuals regularly take (took) care of the baby including daycare centers?

If (B1=07 or B6=0 OR B5= 07) AND (B8>6): (In the time that the baby was you during the past 6 months)

|____|____|(0-20)
(IF 0, SKIP TO Q.21)

[IF TEEN IS NOT IN CONTACT WITH BABY (B6=0 OR B7= 07) SKIP TO Q.21.]

17. Does (BABY) stay daytimes during weekdays at your home or somewhere else?

If BABY DIED (B1=07): (**Before (BABY) died, did he/she stay daytimes at your home or somewhere else?**

01 Home 02 Somewhere else 03 BOTH

18. In a typical week, how many hours is/was (BABY) looked after by someone other than you?
|____|____| HOURS/WEEK (1-90)

19. Who takes/took care of (NAME OF BABY) daytimes most of the week? (MARK ONE)

- 01 YOU
- 02 YOUR FAMILY OR A RELATIVE
- 03 BABY'S FATHER OR HIS FAMILY
- 04 FRIEND
- 05 HOME DAYCARE
- 06 GROUP DAYCARE
- 07 OTHER (ASK 19sp.)

19sp. SPECIFY: _____

20. Do/did you pay for any childcare? 01 Yes (INCLUDES VOUCHER) 02 No

21. Are you or have you been involved in any other programs for teen mothers or teen mothers and their babies in the last 6 months? (Other than GirlTalk)

- 01 Yes (ASK Q21a)
- 02 No (SKIP TO Section C)

21a. Were you involved with TAPP? 01 Yes 02 No

21b. Were you involved with Healthy Babies? 01 Yes 02 No

21c. Were you involved with MEI Futures Academy? 01 Yes 02 No

21d. Were you involved with Other? 01 Yes (ASK 21asp) 02 No

21a_sp. Specify Program _____

SECTION B1: Teen's Relationship with her baby

Please tell me which answer best describes how you feel about your baby.

Please use showcard #1.

1. When you are caring for (BABY), do you get feelings of annoyance or irritation...

- a. Very frequently
- b. Frequently
- c. Occasionally
- d. very rarely
- e. Never

Continue using showcard #1.

2. When you are caring for (BABY), do you get the feeling that (BABY) is deliberately being difficult or trying to upset you...

- a. Very frequently,
- b. Frequently,
- c. Occasionally,
- d. Very rarely, or
- e. Never?

- 3. Over the last 2 weeks, would you describe your feelings for (BABY) as...**
- a. Dislike,
 - b. No strong feelings towards baby,
 - c. Slight affection,
 - d. Moderate affection, or
 - e. Intense affection?
- 4. Regarding your overall level of interaction with (baby), do you**
- a. Feel very guilty that you are not more involved,
 - b. Feel moderately guilty that you are not more involved,
 - c. Feel slightly guilty that you are not more involved, or
 - d. Don't have any guilty feelings regarding this?
- 5. When you take care of (baby) do you feel...**
- a. Very incompetent and lacking in confidence,
 - b. Moderately incompetent and lacking in confidence,
 - c. Moderately competent and confident,
 - d. Very competent and confident?
- 6. Now use showcard #2. When you are with (baby), do you feel tense and anxious...**
- a. Very frequently,
 - b. Frequently,
 - c. Occasionally, or
 - d. Almost never?
- 7. When you are with (baby) and other people are present, do you feel proud of (baby)...**
- a. Very frequently,
 - b. Frequently,
 - c. Occasionally, or
 - d. Almost never?
- 8. When you are with (baby)..**
- a. You always get a lot of enjoyment or satisfaction,
 - b. You frequently get a lot of enjoyment or satisfaction,
 - c. You occasionally get a lot of enjoyment or satisfaction, or
 - d. You very rarely get a lot of enjoyment or satisfaction?
- 9. Do you now think of (baby) as...**
- a. Very much your own baby,
 - b. A bit like your own baby, or
 - c. Not yet really like your own baby?
- 10. Regarding the things that you have to give up because of (baby), do you**
- a. Find that you resent it quite a lot,
 - b. Find that you resent it a moderate amount,
 - c. Find that you resent it a bit, or
 - d. Not resent it at all?
- 11. Over the past 6 months, have you felt that you do not have enough time for yourself or to pursue your own interests...**
- a. Almost all the time,
 - b. Very frequently,
 - c. Frequently,
 - d. Occasionally, or
 - e. Not at all?

12. Taking care of (baby) is a heavy burden of responsibility. Do you believe this is...

- a. Very much so,
- b. Somewhat so,
- c. Slightly so, or
- d. Not at all?

13. Do you trust your own judgment in what (baby) needs...

- a. Almost never,
- b. Occasionally,
- c. Most of the time, or
- d. Almost all the time?

14. Usually when you are with (baby) are you...

- a. Very impatient,
- b. A bit impatient,
- c. Moderately patient, or
- d. Extremely patient?

15. Please use showcard #3. Tell me how true the following statements are about (baby's) behavior in the last month.

	(01)not true/rarely	(02)somewhat true/sometimes	(03)Very true/always	97. DK	98. Ref	99. NA
a. (Baby) shows pleasure when(he/she) succeeds(like clapping for self). Would you say...						
b.(Baby) gets hurt so often, you can't take your eyes off of (him/her)						
c.(Baby) seems nervous, tense or fearful						
d..(Baby) is restless and can't sit still						
e. (Baby) follows rules						
f. (Baby) wakes up at night and needs help to fall asleep again						
g. (Baby) cries or has tantrums until he/she is exhausted						
h.(Baby) is afraid of certain places, animals or things						
<i>If h=02 or 03, ASK</i>						
<i>h_sp. What is he/she afraid of? _____</i>						
i.(Baby) has less fun than other children						
j. (Baby)looks for you when upset						
k.(Baby) cries or hangs onto you when you leave						
l.(Baby) worries a lot or is very serious						
m. (Baby) looks right at you when you say his/her name						
n. (Baby) does not react when hurt						
o. (Baby) is affectionate with loved ones						
p. (Baby) won't touch some objects because of how they feel						
q. (Baby) has trouble falling asleep or staying asleep						
r. (Baby) runs away in public places						

	(01)not true/rarely	(02)somewhat true/sometimes	(03)Very true/always	97. DK	98. Ref	99. NA
s. (Baby) plays well with other children(not including cousins who live with you)						
t. (Baby) can pay attention for a long time(other than watching TV)						
u. (Baby) has trouble adjusting to changes						
v. (Baby) tries to help when someone is hurt (for example gives a toy)						
w. (Baby) often gets very upset						
x. (Baby) gags or chokes on food						
y. (Baby) imitates playful sounds when you ask him/her to						
z. (Baby) refuses to eat						
aa. (Baby) hits, shoves, kicks or bites children(not including cousins you live with)						
bb. (Baby) is destructive. Breaks or ruins things on purpose						
cc. (Baby) points to show you something far away						
dd. (Baby) hits, bites or kicks you						
ee. (Baby) hugs or feeds doll or stuffed animals						
ff. (Baby) seems very unhappy, sad, depressed or withdrawn						
gg. (Baby) purposely tries to hurt you						
hh. (Baby), when upset, gets very still, freezes or doesn't move						

SECTION C: RELATIONSHIPS

1. Have you been pregnant in the last 24 months, (that is since (BABY) was born)? OMIT 2nd PART IF BABY DIED)

- 01 Yes (ASK 1a)
02 No (SKIP to 2)

1a. How many times in the past 24 months have you been pregnant?

|____| # times (LIMIT=1-9)

1b. Did you become pregnant in the past 6 months, that is since [6 MONTHS AGO]?

- 01 Yes 02 No

1c. Are you currently pregnant?

- 01 Yes 02 No

(POP-UP ALERT IF 1b='yes': AT END OF INTERVIEW COMPLETE POSITIVE PREGNANCY FORM)

The next questions are about your relationships.

2. Which of these best describes you? Are you . . .

- 01 Never Married (SKIP TO Q.3)
- 02 Married (ASK Q.2a)
- 03 Divorced (SKIP TO Q.3)
- 04 Widowed (SKIP TO Q.3)
- 05 Separated (SKIP TO Q.3)

2a. When did you get married?

|_|_|_| --|_|_|_| --|_|_|_| (SKIP TO Q.6)

3. How many boyfriends have you had in the past 6 months? |_|_|_|_| (0-50)
IF Q3=0, SKIP TO Q19 + USE ALT WORDING)

4. Do you currently have a boyfriend?

- 01 Yes
- 02 No

IF Q4=NO, SAY "Think about your most recent relationship for these next questions."

5. What is your relationship with your current or last boyfriend? Are you . . .

- 01 Dating or friends,
- 02 Going together (steady), or
- 03 Living together?
- 04 Not together anymore

6. Is/was your last (boyfriend/husband) (BABY)'s father)? IF BABY DIED ADD (, the father of your baby who died)?

- 01 YES
- 02 NO

7. How long have/had you and he been together?

- 01 WE AREN'T REALLY TOGETHER YET
- 02 LESS THAN A MONTH
- 03 1-3 MONTHS
- 04 4-6 MONTHS
- 05 7-12 MONTHS
- 06 12-18 MONTHS
- 07 OVER 18 MONTHS

IF Q7=7 or 7, SKIP TO Q9 and Q10.

8. Is/was he currently living in the same household with you?

- 01 Yes
- 02 No

9. How old is he? |_|_|_|_| (10-99)

10. How many (other) children does he have? |_|_|_|_| (0-9)
(DO NOT INCLUDE BABY)

11. How many hours do/did you spend with him in an average week? |_|_|_|_| (0-170)

[IF C11=0, ASK C11a, ELSE GO TO C12]

11a. Why don't/didn't you see him?

- 01 He's in jail (SKIP TO Q15)
- 02 He's in the military (SKIP TO Q15)
- 03 He lives in another part of the country (SKIP TO Q12)
- 04 Other (ASK Q.11a_sp)

11a_sp. SPECIFY: _____

[ASK Q12-15 ONLY IF MARRIED (Q.2=02) OR WITH BOYFRIEND (Q.4=01)]

(PROGRAM "boyfriend" IF Q3=01, OR "husband" IF Q1=02)

12. Is/Was your (boyfriend/husband) still in school? Or, has he gone back to school? (NOTE: IF THE INTERVIEW OCCURS WHILE ON WINTER OR SUMMER BREAK, CONSIDER HIM CURRENTLY IN SCHOOL.)

- 01 Yes
- 02 No

13. Is he working now? (Was he working while you were together?)

- 01 Yes
- 02 No (SKIP TO Q.15)

14. Is/Was this a full-time or part-time job?

- 01 Full-time only
- 02 Part-time only
- 03 Both

15. How is/was he involved in (BABY)'s life? Did/Does your (boyfriend/husband)	Ye s	No
... [SKIP Q15a-e IF BABY DIED (B1=06 or 07) OR IF BABY NOT WITH TEEN + BOYFRIEND NOT BABY'S FATHER (B6=0 OR B5= 07) AND C6=02]		
a. Provide some financial support or money for things you need?	01	02
b. Provide diapers, gifts, food, etc.?	01	02
c. Help with childcare on a regular basis?	01	02
d. Help with transportation for either you or (BABY)?	01	02
e. Does his family help take care of (BABY)?	01	02

Does/Did your (boyfriend/husband) . . .

f. Expect you to continue your education?	01	02
g. Pressure you to have another/a baby with him?	01	02

[SKIP TO Q17 IF ALREADY PREGNANT (C1=01)]

**16. Did/Do you want to get pregnant by your (boyfriend/husband)?
Would you say...**

- 01 Definitely no
- 02 Probably no
- 03 Neither want nor don't want
- 04 Probably yes
- 05 Definitely yes

Some teenagers don't use birth control because other people, such as friends, boyfriends, parents, or relatives make it hard for them to do so. For these next questions, please use showcard #4.
(FI NOTE: IF NO CURRENT BOYFRIEND, USE PAST TENSE.)

17. For each of the following statements, please tell me the answer that <u>best</u> describes how you usually feel.	Very True	Sort of True	Not very True	Not At All True
a. My (boyfriend/husband) won't/wouldn't let me use birth control. Is that...?	01	02	03	04
b. When my (boyfriend/husband) gets/got excited he won't/wouldn't stop and use birth control even if I ask/ed him to. Is that...?	01	02	03	04
c. I find/found myself having sex without birth control even when I don't/didn't want to because my (boyfriend/husband) insists/ed on it.	01	02	03	04
d. If I talk/ed to my (boyfriend/husband) about using birth control he says/said it means/meant I don't/didn't really love him.	01	02	03	04

18a. In the last 6 months how often did you talk with your boyfriend about preventing pregnancy or using birth control? Would you say . . .

- 01 Often
- 02 A few times
- 03 Rarely or never

18b. How hard or easy (is it/would it be) for you to talk with your boyfriend about preventing pregnancy or using birth control? Would you say . . .

- 01 Very hard
- 02 Hard
- 03 Easy
- 04 Very easy

(IF BABY DIED (B1=06 or 07) OR NOT IN CONTACT WITH BABY (B6=0 OR B5= 07), SKIP TO Q21)

19. How often does your (boyfriend/husband) have contact with the baby?

IF BOYFRIEND IS NOT FATHER (C6=02) OR NO BOYFRIEND (C4 ? 01) USE THIS WORDING:

Now I have some questions about (BABY)'s father. How often does (BABY)'s father have contact with (BABY)?

- 01 DAILY (SKIP TO Q.21)
- 02 MULTIPLE TIMES A WEEK
- 03 ONCE A WEEK
- 04 A COUPLE OF TIMES A MONTH (LESS OFTEN THAN ONCE A WEEK)
- 05 ONCE A MONTH
- 06 LESS THAN ONCE A MONTH
- 07 NEVER

20. Would you like him to have more contact with (INSERT BABY'S NAME)?

- 01 Yes
- 02 No
- 03 I DON'T CARE

(IF BOYFRIEND IS BABY'S FATHER (C6=01) SKIP TO SECTION D)

**21. How would you describe your relationship with (BABY)'s biologic father?
Would you say you are not together anymore but you still talk, or you don't talk or have any contact, or something else?**

- 01. NOT TOGETHER ANYMORE BUT WE STILL TALK
- 02. WE DON'T TALK OR HAVE CONTACT ANY MORE (SKIP TO Q.23)
- 03. I DON'T KNOW WHO THE FATHER IS (SKIP TO SECTION D)
- 04. TEEN WAS RAPED (SKIP TO SECTION D)
- 05. DECEASED (SKIP TO SECTION D)
- 06. OTHER. (ASK 21sp)

21sp. Please explain: _____

22. How often do you have contact with (BABY)'s father?

- 01 DAILY (SKIP TO Q.25)
- 02 MULTIPLE TIMES A WEEK (SKIP TO Q.24)
- 03 ONCE A WEEK (SKIP TO Q.24)
- 04 A COUPLE OF TIMES A MONTH (LESS THAN ONCE A WEEK) (SKIP TO Q.24)
- 05 ONCE A MONTH (SKIP TO Q.24)
- 06 LESS THAN ONCE A MONTH (SKIP TO Q.24)
- 07 NEVER (ASK Q.23)
- 08 OTHER (ASK Q.22sp)

22sp. SPECIFY: _____ (SKIP TO Q.24)
(ASK Q.23 ONLY IF DON'T TALK OR HAVE ANY CONTACT (Q.21=02) OR (Q.22=07))

23. What is the reason you don't have contact with him?

- 01 HE DOESN'T WANT ANY
- 02 HE IS IN JAIL
- 03 I DON'T WANT ANY (SKIP TO Q.25)
- 04 HE IS DECEASED (SKIP TO SECTION D)
- 05 TEEN WAS RAPED (SKIP TO SECTION D)
- 06 OTHER (ASK 23sp)

23sp. SPECIFY: _____

24. Would you like to have (more) contact?

- 01 Yes
- 02 No

(IF BABY DIED (B1=06 or 07), SKIP TO Section D)

25. How is (BABY)'s father involved in (BABY)'s life? Does he . . .	Yes	No
a. Provide some financial support or money for things you need?	01	02
b. Provide diapers, gifts, food, etc?	01	02
c. Help with childcare on a regular basis? (SKIP IF Q23=02)	01	02
d. Help with transportation? (SKIP IF Q23=02)	01	02
e. Does his family help take care of the baby?	01	02

SECTION D: SCHOOL OR TRAINING/FUTURE PLANS

The next few questions are about your education.

1. What grade or year are you currently in or were you when you left school?

MARK ALL THAT APPLY

- 01 Less than 8th grade
- 02 8th
- 03 9th
- 04 10th
- 05 11th
- 06 12th-no diploma
- 07 12th-graduated
- 08 1st year college
- 09 2nd year college
- 10 3 and 4th year college

1a. Thinking back over the last 2 years, how many different schools or job training programs have you been in? This includes online courses or college. |__|__| (0-99)

[IF Q1a=0, SKIP TO Q15]

2. Have you participated in school or job training programs in the past 6 months? This includes college or online courses.

(MARK ALL THAT APPLY)

- 01 Yes, school/GED/college/online classes? ASK 2a
2a. How many schools/GED have you attended? |__|__| (0-99)
- 02 Yes, job training? ASK 2b
2b. How many job training programs have you attended? |__|__| (0-99)
- 03 None (SKIP TO Q.15)

3. Are you currently in school or in a job training program? (NOTE: IF THE INTERVIEW OCCURS WHILE ON WINTER OR SUMMER BREAK, CONSIDER HER CURRENTLY IN SCHOOL.)

(MARK ALL THAT APPLY)

- 01 Yes, school
- 02 Yes, job training
- 03 No, neither

IF IN SCHOOL/ TRAINING ANYTIME IN PAST 6 MONTHS

4. What kind of school or job training programs or courses have you participated in? (MARK ALL)

- 01 REGULAR OR TRADITIONAL HIGH SCHOOL
- 02 ALTERNATIVE HIGH SCHOOL
- 03 GED PROGRAM
- 04 VOCATIONAL
- 05 COLLEGE
- 06 ONLINE COURSES (Ask 4_onlinesp)
- 07 OTHER (ASK 4sp)

4sp. SPECIFY: _____

4_onlinesp. What type of online courses? _____

4a. Is it a

- 01 Charter School
- 02 Program for teen mothers
specify name of program _____
- 03 home tutor
- Other (Ask 6sp) _____

IF ONLY TAKING ONLINE COURSES (D4=06 ONLY), SKIP TO D7+8, THEN TO D10.

- 5. In the past 6 months, that is since (MONTH), on average about how many days per month did you miss going to school or job training because you skipped?**
- 01 NEVER
 - 02 ONLY ONE OR TWO DAYS PER MONTH
 - 03 3-5 DAYS PER MONTH
 - 04 6 OR MORE DAYS PER MONTH

[SKIP TO D7 IF BABY DIED IN 1-12 MONTHS (B1=06) OR NO CONTACT WITH BABY (B5=7) OR (B6=0)]

- 6. In the past 6 months, on average about how many days per month did you miss going to school or job training because something came up with the baby?**
- 01 NEVER
 - 02 ONLY ONE OR TWO DAYS PER MONTH
 - 03 3-5 DAYS PER MONTH
 - 04 6 OR MORE DAYS PER MONTH

IF IN SCHOOL ANYTIME IN PAST 6 MONTHS

[SKIP TO D9 IF DID NOT ATTEND SCHOOL IN PAST 6MO (D2<>01), BUT DID JOB TRAINING (D2=02)]

- 7. On an average weekday, about how much time did you spend doing homework in the past 6 months?**
- 01 NONE
 - 02 HALF HOUR OR LESS
 - 03 BETWEEN HALF AN HOUR AND AN HOUR
 - 04 1 HOUR
 - 05 2 HOUR
 - 06 3 HOURS OR MORE

8. In the past 6 months what grades did you usually earn?

- 01 MOSTLY A's
- 02 ABOUT HALF A's AND HALF B's
- 03 MOSTLY B's
- 04 ABOUT HALF B's AND HALF C's
- 05 MOSTLY C's
- 06 ABOUT HALF C's AND HALF D's
- 07 MOSTLY D's
- 08 MOSTLY BELOW D's
- 09 NOT GRADED

- 8a. Have you been in Special Education classes or special education tutoring at any time in the past year?**
01 yes 02 no

IF CURRENTLY ATTENDING SCHOOL OR JOB TRAINING

[IF D3=03 (NOT CURRENTLY IN SCHOOL) AND D2=03 (NOT IN LAST 6MO) SKIP TO D15]

[IF D3=03 (NOT CURRENTLY IN SCHOOL) BUT D2=01 OR 02 (WAS IN LAST 6MO) SKIP TO D12]

- 9. How many close friends do you have at your school or job training program? |____| |____| (0-99)**

- 10. On average how many hours per week do you participate in school or a job training program?
|____| HOURS (0-170)**

11. When you complete this training what type of certificate will you have?

- 01. High school diploma/GED
- 02. Job training certificate **(ASK 11sp)**
- 03. Vocational/certificate program **(ASK 11sp)**
- 04. Associates Degree (AA)
- 05. Bachelors Degree (BA/BS)

11sp. Specify Type of certificate: _____

IF IN SCHOOL/JOB TRAINING ANYTIME IN PAST 6 MONTHS

**12. Did you receive a diploma, degree or certificate in the past 6 months? (PROBE: What type?)
(MARK ALL THAT APPLY)**

- 01. No
- 02. Yes, high school diploma/GED
- 03. Yes, job training certificate
- 04. Yes, vocational/certificate program
- 05. Associates Degree (AA)

IF IN SCHOOL ANYTIME IN PAST 6 MONTHS

[IF D2>01 (NOT IN SCHOOL IN PAST 6 MO) SKIP TO D15]

[IF D4=06 ONLY (ONLINE ONLY) SKIP TO D17]

If you are not currently in school, think back to the last time you were in school in the past 6 months.

13. Please use showcard #5. Tell me how true the following statements are about you and your school.	01 Not at All True	02 A Little True	03 Pretty Much True	04 Very Much True
a. At my school there was a teacher or some other adult who told me when I did a good job. Is this...				
b. At my school there was a teacher or some other adult who listened to me when I had something to say. Is this...				
c. who believed that I would be a success.				
d. who showed they cared about me.				

If you are not currently in school, think back to the last time you were in school in the past 6 months. How often did you...	01. Usually	02. Sometimes	03. Never
13e Feel bored at school. Would you say usually, sometimes, or never?			
13f. Go to classes without bringing paper or something to write with. Would you say usually, sometimes, or never?			
13g. Go to classes without your homework finished			
13h. Go to classes without your books			

14. In the past 6 months, have you received special praise, an award, or recognition for any of the following school activities?	01 Yes	02 No
a. Being on the honor roll		
b. Sports team		
c. School paper or Yearbook		
d. School Government		
e. Peer Counselor		
f. Community Service		
g. Art Recognition		
h. Cheering Squad/Dance		
i. Choir/Band/Orchestra		

IF NOT CURRENTLY IN SCHOOL/JOB TRAINING

(ASK D15 IF NOT IN SCHOOL/TRAINING IN PAST 6 MO (D1a=0, OR D2=03 OR DK, R, NA) OR NOT CURRENTLY IN SCHOOL (D3=03). ELSE SKIP TO Q.16)

15. Why are you not attending school or training? (MARK ALL THAT APPLY)

- 01 WORK HOURS INTERFERE WITH SCHOOL ATTENDANCE
- 02 PREFER TO STAY HOME WITH BABY
- 03 CAN'T GET OR FIND CHILDCARE
- 04 DON'T WANT MORE EDUCATION OR TRAINING
- 05 NO TRANSPORTATION
- 06 CAN'T AFFORD TUITION
- 07 APPLICATION ACCEPTANCE PENDING
- 08 OTHER (ASK 15sp)

15sp. SPECIFY: _____

IF NOT IN SCHOOL/JOB TRAINING IN PAST 6 MONTHS

(ASK D16 IF NOT IN SCHOOL/TRAINING IN PAST 6 MO (D1a=0, OR D2=03 OR DK, R, NA). ELSE SKIP TO Q.17)

16. Have you taken (did you take) actions to enroll in school in the past 6 months?

- 01 Yes
- 02 No

ASK ALL

17. How far do you hope to go in school?

- 01 HIGH SCHOOL GRADUATION
- 02 GED
- 03 TRADE SCHOOL AFTER HIGH SCHOOL/GED
- 04 COLLEGE
- 05 MORE THAN COLLEGE
- 06 NO FURTHER (SKIP TO Q.19)
- 07 OTHER (ASK 17sp)

17sp. SPECIFY: _____

For these next questions please use showcard #6.

18. How likely is it that you will achieve or reach your educational goal? Would you say. . .

- 01 Not at all likely,
- 02 Not very likely,
- 03 Sort of likely,
- 04 Quite likely, or
- 05 Very likely?

19. (For this question please use showcard #6.)

How likely is it that you will get a good job or be successful in a career? Would you say...

- 01 Not at all likely,
- 02 Not very likely,
- 03 Sort of likely,
- 04 Quite likely, or
- 05 Very likely?

How likely is it that:	Not likely at all	Not too likely	Fairly likely	Very likely
20. You will be rich someday?	01	02	03	04
21. You will be famous someday?	01	02	03	04

SECTION E: DEPRESSION

Sometimes people experience difficult situations in their life. The next few questions are about some problems you may have had. For these next questions, please use showcard #7.

1. Over the last 2 weeks, how often have you been bothered by any of the following problems:	Not at all	Several Days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things? Would you say . . .	01	02	03	04
b. Feeling down, depressed or hopeless? Would you say . . .	01	02	03	04
c. Trouble falling or staying asleep?	01	02	03	04
d. Feeling tired or having little energy?	01	02	03	04
e. Poor appetite or overeating?	01	02	03	04
f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down?	01	02	03	04
g. Trouble concentrating on things, such as reading the newspaper or watching television?	01	02	03	04
h. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?	01	02	03	04
i. Thoughts that you would be better off dead or hurting yourself in some way?	01	02	03**	04**

** INSERT WARNING ALERT SCREEN: “TEEN NEEDS MENTAL HEALTH ASSESSMENT”

	Yes	No	N/A
2. Are you having regular arguments or conflicts with your present steady boyfriend or partner?	01	02	-7
3. Are you having some sort of problem with any of your former boyfriends or partners?	01	02	
4. Do you or someone in your household have a long-term illness?	01	02	

4sp-What type of long-term illness? _____

5. In the last 6 months, have any of these events happened to you or people you lived with?	Yes	No
(FI NOTE: IF BABY DIED IN PAST 6MO (A1=07) CODE 01)	01	02
a. Death of a family member?	01	02
b. Death of a friend?	01	02
c. Family member in jail?	01	02
d. Your current or previous boyfriend went to jail	01	02
e. Any kind of violent act such as: being shot, mugged, robbed, raped, beat-up in the last 6 months?	01	02
f. Evicted?	01	02

5. In the last 6 months, have any of these events happened to you or people you lived with?		Yes	No
g. Job loss?		01	02
h. Drug problem in the last 6 months? (IF YES, ASK h_1)		01	02
h_1. And who was that?	01 MOTHER (IF NOT MOTHER-FIGURE) 02 MOTHER-FIGURE 03 SELF 04 OTHER		
i. Alcohol or drinking problem in the last 6 months? (IF YES, ASK i_1)		01	02
i_1. And who was that?	01 MOTHER (IF NOT MOTHER-FIGURE) 02 MOTHER-FIGURE 03 SELF 04 OTHER		
j. Deeply in debt?		01	02
k. Divorce or separation?		01	02

SECTION F: RELATIONSHIP WITH MOTHER/ MOTHER FIGURE/ PARENTS

SECTION F0: IDENTIFY M-F

- A. Is your mother-figure in the GirlTalk program your (INSERT RELATIONSHIP FROM CONTACT SHEET)?**
IF CONTACT SHEET IS BLANK- Do you have a mother-figure in the GirlTalk program with you?
- 01. M-F IS BIOLOGIC MOM (**SKIP TO SECTION F2, Q1**)
 - 02. M-F IS NOT BIOLOGIC MOM
A_sp. **SPECIFY RELATIONSHIP OF M-F:** _____ (**GO TO SECTION F1**)
(Use this for programming.)
 - 03. NO M-F IN STUDY (**GO TO SCREEN B BELOW**)

(VIEW SCREEN B IF SECTION F0_A=03)

SCREEN B: IF NO M-F IN STUDY

Think back to the last time we conducted an interview with you and we asked you about the person who was most like a mother to you. We will be asking about this same person again, whether or not she was in this program with you.

- B. What is your relationship to this person? (IF TEEN CANNOT SPECIFY RELATIONSHIP, REQUEST HER FIRST NAME.)**
- 01. M-F IS BIOLOGIC MOM (Use for programming) (**GO TO SECTION F2, Q1**)
 - 02. M-F IS NOT BIOLOGIC MOM
A_sp. **SPECIFY RELATIONSHIP OF M-F:** _____ (**GO TO SECTION F1**)
(Use this for programming.)
 - 03. NO M-F IN HER LIFE DURING LAST INTERVIEW, (**GO TO SECTION F1, THEN SKIP TO SECTION F4**)

SECTION F1: BIOLOGIC MOTHER

[ASK SECTION F1 ONLY IF A=02 AND B=02 or 03 (MF IS NOT BIOLOGIC MOM OR NO MF)]

The next few questions are about your biologic mother, that is, the mother you were born to.

1. Does your biologic mother currently live in this household?

- 01 Yes or Sometimes {SKIP TO SECTION F2}
02 No

2. When did you last live with her?

- _____ # weeks ago (RANGE 0-4)
_____ # months ago (RANGE 0-12)
_____ # years ago (RANGE 0-19)
-7 NEVER LIVED WITH MOM

3 In the last 6 months, about how often have you talked to her in person or on the telephone, or received a letter from her? Would you say . . .

- 01 Not at all,
02 Once or twice,
03 Several times,
04 A few times a month, or
05 More than once a week?
06 MOTHER DIED
-8 DON'T KNOW

SECTION F2: MOTHER-FIGURE

[FILL IN "MOTHER/M-F" WITH "mother" or M-F RELATIONSHIP FROM F0_A_ sp or B_sp]

(VIEW SCREEN A IF SECTION F0_A=02 or B=02)

SCREEN A : IF M-F IS NOT TEEN'S MOTHER

In this section we will be asking about your [RELATIONSHIP OF M-F, FROM SECTION F0_A_ sp or B_sp], the person you said was most like a mother to you.

[IF NOT IN SCHOOL IN PAST 6 MO (D3?01 OR D3 skipped) OR ONLINE ONLY (D5=06 ONLY), **SKIP TO Q.2]**

For these next questions, please use showcard #8.

1. In the past 6 months, that is since (MONTH), how often did your (MOTHER/M-F)...?	01 Never	02 Rarely	03 Sometimes	04 Often
a. ...help you with your school work? Would you say...				
b. How often did (MOTHER/M-F) talk to you about what you are doing in school. Would you say...				
c. ...ask you about homework?				
d. ...go to meetings or events at your school?				

2. Please use (keep using) showcard #8. In the past 6 months, how often did you and your (MOTHER/M-F) talk about . . .	Never	Rarely	Sometimes	Often
a. pressure from peers to join in risky behavior? Would you say . . .	01	02	03	04
b. In the past 6 months, how often did you and your (MOTHER/M-F) talk about protecting yourself from becoming pregnant? Would you say . . .	01	02	03	04
c. specific birth control methods?	01	02	03	04
d. the time of the month when you most easily could get pregnant?	01	02	03	04
e. protecting yourself from Sexually Transmitted Diseases, STDs, STIs, or AIDS?	01	02	03	04
f. the role of sex in your relationships with boys?	01	02	03	04

3. In the last 3 months, that is since (MONTH), which of the following things have you done with your (MOTHER/M-F)?	Yes	No	NA
(SKIP 3a IF BABY DIED IN 1 st 12MO (B1=06) OR (B5=07))	01	02	03
a. Spent time together with the baby?	01	02	03
b. Stayed overnight at her place?	01	02	03
c. Gone to a religious service or church-related event?	01	02	03
d. Talked about someone you're dating?	01	02	03
e. In the last 3 months, have you and your (MOTHER/M-F) gone to a movie, play, museum, concert, or sports event?	01	02	03
f. Talked about your friends or a party you went to? (NOTE: 'party' means 'getting together socially with friends'.)	01	02	03
g. Had a talk about a personal problem you were having?	01	02	03
h. Had a serious argument about your behavior?	01	02	03
i. In the last 3 months, have you and your (MOTHER/M-F) talked about your school work, grades, or education?	01	02	03
j. Worked on a school project or around the house together?	01	02	03

**4. How do you rate your level of communication with your (MOTHER/M-F) about sexual issues?
Would you say . . .**

01. We communicate much less than I want to about these issues.
 02. We communicate a little less than I want to about these issues.
 03. We communicate as much as I want to about these issues?

**5. How do you rate your level of communication with your (MOTHER/M-F) about issues not related to sex?
Would you say . . .**

04. We communicate much less than I want to about these issues.
 05. We communicate a little less than I want to about these issues.
 06. We communicate as much as I want to about these issues?

6. Please tell me how much you agree or disagree with the following statements. (USE SHOWCARD 9)	01 Strongly Disagree	02 Moderately Disagree	03 Neither agree nor disagree	04 Moderately Agree	05 Strongly Agree
a. I can discuss my beliefs with my (MOTHER/M-F) without worrying that she would be upset or angry or make fun of me. Do you...					
b. Sometimes I have trouble believing everything my (MOTHER/M-F) tells me. Do you. . .					
c. My (MOTHER/M-F) is always a good listener.					
d. I am sometimes afraid to ask my (MOTHER/M-F) for what I want.					
e. My (MOTHER/M-F) has a tendency to say things to me which would be better left unsaid, or that I wish she had not said					
f. My (MOTHER/M-F) can tell how I'm feeling without asking.					
g. I am very satisfied with how my (MOTHER/M-F) and I talk together. (I feel good about how we talk.)					

6. Please tell me how much you agree or disagree with the following statements. (USE SHOWCARD 9)	01 Strongly Disagree	02 Moderately Disagree	03 Neither agree nor disagree	04 Moderately Agree	05 Strongly Agree
h. If I were in trouble I could tell my (MOTHER/M-F).					
i. I openly show affection to my (MOTHER/M-F), for example, I can give her a hug or tell her that I love her.					
j. When we are having a problem, I often give my (MOTHER/M-F) the silent treatment. Do you...					
k. I am careful about what I say to my (MOTHER/M-F).					
l. When talking to my (MOTHER/M-F), I have a tendency to say things that would be better left unsaid or things I wish I had not said. Do you. .					
m. When I ask questions I get honest answers from my (MOTHER/M-F).					
n. My (MOTHER/M-F) tries to understand my point of view.					
o. There are topics I avoid discussing with my (MOTHER/M-F).					
p. It is very easy for me to talk about my true feelings to my (MOTHER/M-F).					
q. My (MOTHER/M-F) nags or bothers me.					
r. My (MOTHER/M-F) insults me when she is angry with me.					
s. I don't think I can tell my (MOTHER/M-F) how I really feel about some things.					

For these next questions, please use showcard #10.	Not at all or Hardly Ever	A Few Times	Sometimes	About once a day	More than once a day
7. Thinking back over the last 3 months, that is since (MONTH), in a typical week, how often did your (MOTHER/M-F) praise or compliment you on things you did? Would you say . . .	01	02	03	04	05
8. In a typical week, how often was your (MOTHER/M-F) affectionate with you such as hugging or kissing you? Would you say ...	01	02	03	04	05
9. How often did you have a good time with her?	01	02	03	04	05
10. How often did you feel close with her?	01	02	03	04	05
11. Still thinking back over the last 3 months, in a typical week, how often did your (MOTHER/M-F) make you feel good about what you had done?	01	02	03	04	05
12. How often did she get angry at you?	01	02	03	04	05
13. How often did she criticize or nag you? Would you say . . .	01	02	03	04	05
14. How often did she shout or yell at you?	01	02	03	04	05
15. How often did you and she get into arguments?	01	02	03	04	05
16. How often did she punish you such as taking away your privileges like watching T.V. or talking on the phone?	01	02	03	04	05

17. Are you currently living in the same household with your (MOTHER/M-F)?

- 01 Yes or Sometimes {SKIP TO Q19}
02 No

18. When did you last live with her?

_____ # weeks ago (RANGE 0-4)
_____ # months ago (RANGE 0-12)
_____ # years ago (RANGE 0-20)

-7 NEVER LIVED WITH MOM

(IF TEEN NOT CURRENTLY LIVING WITH MF OR IF Q18>6 MONTHS SKIP TO Q.21)

For these next questions, please use showcard #11.

19. How often is/was your (mother/mother-figure) able to be home when you get home from school, or with you in the afternoons when you were living with her?
Would you say . . .

01. Always
02. Most of the time
03. Some of the time
04. Almost never
05. Never

20. How often is/was your (mother/mother-figure) able to be home when you get up? Would you say. . . .

01. Always
02. Most of the time
03. Some of the time
04. Almost never
05. Never

21. How many times in a typical week did/do you eat the evening meal with your (mother/mother-figure)?

|___| times per week (LIMIT: 0-7)

22. For these next questions, please use showcard #12. How much does your (mother/M-F) <u>really</u> know about...?	01 Doesn't Know at All	02 Knows a Little	03 Knows Pretty Much	04 Knows a Lot
a. who your female friends are? Would you say she...				
b. who your male friends are? Would you say...				
c. how you spend your money?				
d. what you do with your free time?				

SECTION F4: PARENT/PARENTAL-FIGURES

[IF NOT LIVED WITH MF IN LAST 6 MO (F2_18>6mo), ASK Q.1]

[IF LIVED WITH MF ANYTIME IN LAST 6 MO (F2_17=01 OR F2_18 = 6mo), SKIP TO Q.2]

1. Have you lived with a parent figure at any time in the last 6 months, that is since (ENTER MONTH)? (Please do not include your boyfriend's parents.)

01 Yes

02 No (SKIP TO SECTION G)

2. Please tell me how often in the past 6 months, it would be true for you to make each of the following statements about your parent or parental-figures. This would be the person who knows what you're doing most of the time. (If you are not currently living with your parent figures, please think back to the last time when you were living with her or them in the last 6 months.)

For these next questions, please use showcard #13.

	Never	Rarely	Sometimes	Most of the Time	Always
a. My parents know (knew) where I am (was) after school or afternoons. Is this true. . .	01	02	03	04	05
b. If I am (was) going to be home late, I am (was) expected to call my parents. Is this true. . .	01	02	03	04	05
c. I tell (told) my parents who I am (was) going to be with before I go (went) out.	01	02	03	04	05
d. When I go (went) out at night, my parents know (knew) where I am (was).	01	02	03	04	05
e. I talk(ed) with my parents about the plans I have (had) with my friends.	01	02	03	04	05
f. When I go (went) out, my parents ask(ed) me where I am (was) going.	01	02	03	04	05
g. When I am (was) not at home, school, or at work, my parents know (knew) who I am (was) with.	01	02	03	04	05
h. I am (was) allowed to have male friends in my bedroom.	01	02	03	04	05

3. Do (Did) your parents set a time that they would like (wanted) you to be home on weekend nights?

01. Yes

02. No

(ASK SECTION G IF TEEN PREGNANT AGAIN (C1=01), ELSE SKIP TO SECTION H)

SECTION G: POSITIVE PREGNANCY

(DAVID, B/c of the skips this may be easier to program not in table format)

Now I'm going to ask about your ((ENTER # FROM C1a) pregnancies/ pregnancy) in the past 24 months.

	1 st pregnancy	2 nd pregnancy	3 rd pregnancy
1. IF PREGNANT JUST 1 TIME ASK: How old was (BABY) when you got pregnant again? (ANSWER, THEN SKIP TO Q.2) IF 1st BABY DIED ASK: How many months after you delivered did you get pregnant again? IF PREGNANT MORE THAN 1 TIME ASK: 1_1. For your 1st pregnancy, how old was (BABY) when you got pregnant again? 1_2. For your 2nd pregnancy, how old was (BABY) when you got pregnant again? 1_3. For your 3rd pregnancy, how old was (BABY) when you got pregnant again?	 ____ # Months	 ____ # Months	 ____ # Months
2. IF PREGNANT JUST 1 TIME ASK: Did you get pregnant again by (BABY)'s father, your current or former boyfriend, or someone else? (ANSWER, THEN SKIP TO Q.3) IF PREGNANT MORE THAN 1 TIME ASK: Did you get pregnant again the 1st time' ('the 2nd time', 'the 3rd time') by (BABY)'s father, your current or former boyfriend, or someone else? 01 BABY'S FATHER (SKIP TO 5) 02 CURRENT BOYFRIEND 03 FORMER BOYFRIEND 04 OTHER (ASK 2sp)	 01 02 03 04	 01 02 03 04	 01 02 03 04
2sp. specify other	_____	_____	_____
(IF C1a>1, ASK 2a_2 and 2a_3. DO NOT ASK 2a_1) 2a. Is this person the same as the person you already told me you got pregnant with?	(DON'T ASK 1st TIME)	01 Yes 02 No IF YES, SKIP TO Q.5	01 Yes 02 No IF YES, SKIP TO Q.5
3. How old is this person?	____ #Years	____ #Years	____ #Years
4. How many other children does he have?	____ # Children	____ # Children	____ # Children
5. How long had you been with him before you got pregnant?	____ #mo	____ #mo	____ #mo

6. At the time you got pregnant, was he living in the same house hold with you?	01 Yes 02 No	01 Yes 02 No	01 Yes 02 No
7. Who's home was it? (MARK ALL THAT APPLY) 01 OWN PLACE 02 PARENTS 03 RELATIVES 04 PARTNER'S RELATIVES 05 PARTNER 06 FRIENDS 07 FOSTER HOME 08 OTHER (ASK 7sp) 7sp. SPECIFY _____	01 02 03 04 05 06 07 08 7sp:	01 02 03 04 05 06 07 08 7sp:	01 02 03 04 05 06 07 08 7sp:
8. How many hours do/did you spend with him in an average week? [IF Q.8=0, ASK Q.8a, ELSE GO TO Q.9] 8a. Why don't you see him? 01 He's in jail 02 He's in the military 03 He lives in another part of the country 04 Other (ASK Q.8a_sp) 8a_sp. SPECIFY: _____	(0-170) _____	(0-170) _____	(0-170) _____
9. Was your partner still in school at the time you got pregnant? Or, has/had he gone back to school? (NOTE: IF THE INTERVIEW OCCURS WHILE ON WINTER OR SUMMER BREAK, CONSIDER HIM CURRENTLY IN SCHOOL.)	01 Yes 02 No	01 Yes 02 No	01 Yes 02 No
10. Was he working then? 01 Yes 02 No (SKIP TO Q.12)	01 Yes 02 No	01 Yes 02 No	01 Yes 02 No
11. Was this a full-time or part-time job? 01 Full-time only 02 PT only 03 Both	01 Full-time only 02 PT only 03 Both	01 Full-time only 02 PT only 03 Both	01 Full-time only 02 PT only 03 Both
12. Did you want to get pregnant with that person at that time? Would you say... 01 Definitely no 02 Probably no 03 Neither wanted nor didn't want 04 Probably yes 05 Definitely yes	01 02 03 04 05	01 02 03 04 05	01 02 03 04 05

13. Which of the following best describes the decision about this pregnancy? Would you say...			
01 Carry to term	01	01	01
02 Abortion	02	02	02
03 Haven't decided yet	03	03	03
04 STILL BIRTH	04	04	04
05 MISCARRIED	05	05	05
14. Did your partner expect you to continue your education?	01 Yes 02 No	01 Yes 02 No	01 Yes 02 No
15. Did your partner want to have a child with you before (baby) turned 2 years?	01 Yes 02 No	01 Yes 02 No	01 Yes 02 No
16. Did your partner pressure you to have another/a baby with him?	01 Yes 02 No IF A1a>1, GO BACK TO G1_2, ELSE GO TO H.	01 Yes 02 No IF A1a>2, GO BACK TO G1_3, ELSE GO TO H.	01 Yes 02 No

SECTION H: CONTRACEPTIVE USE/PHYSICAL DEVELOPMENT

Now I'm going to ask you about birth control.

1. In the past 6 months which of the following methods of birth control did you or your partners use?

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Condoms? | 01 | 02 |
| b. Birth control pills? | 01 | 02 |
| c. Depo Provera (shots)? | 01 | 02 |
| (IF YES, ASK: d. How long ago was your last shot? _____ (open text)) | | |
| e. Patch? | 01 | 02 |
| f. Vaginal ring? | 01 | 02 |
| g. IUD or IUCD? | 01 | 02 |
| h. Rhythm or safe days of the month or tempsafe? | 01 | 02 |
| i. Withdrawal? | 01 | 02 |
| j. Douching? | 01 | 02 |
| k. Abstinence? | 01 | 02 |
| l. Morning after pill or Plan B? | 01 | 02 |
| IF YES: m. How many times? ____ times (RANGE 1-99) | | |
| n. Any other method of birth control? | 01 | 02 |
| IF n=YES: 1sp. SPECIFY: _____ | | |

These next few questions refer to sex or sexual intercourse. By that we mean when the male puts his penis in a female's vagina.

[ASK Q.2 IF TEEN USED CONDOMS (Q.1a=Yes), ELSE SKIP TO Q.3]

Now please use showcard #14.

2. **In the past 6 months**, when you had sexual intercourse, how often did you use condoms?

Would you say . . .

- 01. Never
- 02. Hardly ever
- 03. Some of the time
- 04. Most of the time
- 05. Always

[ASK H3 IF TEEN USED ANY CONTRACEPTIVES OTHER THAN CONDOM (1b-g OR 1n=YES), ELSE SKIP TO H4]

3. **In the past 6 months**, when you had sexual intercourse did you always use some form of birth control other than condoms?

- 01 Yes (SKIP TO Q.5) (IF BECAME PREGNANT IN LAST 6MO (C1b=yes) AND H2=05 THEN ASK Q.3a + Q.4)
- 02 No (GO TO Q.4)
- 03 DID NOT HAVE SEX IN PAST 6 MONTHS (GO TO Q.4)

[ASK 3a IF PREGNANT IN LAST 6MO (G1=12) and ALWAYS USED CONDOMS OR CONTRACEPTIVES (Q.2=05 OR Q.3=01)]

3a. **Why didn't they work?**

- 01 CONDOM BROKE
- 02 MISSED PILL
- 03 LATE FOR SHOT
- 04 Other (ASK 3sp)

3sp. Specify: _____

[ASK Q.4 IF NO CONTRACEPTIVES USED (H1b-g+n=02) OR IF CONDOMS NOT ALWAYS (H2=01-04) AND CONTRACEPTIVES NOT ALWAYS (H3=02); OR ASK Q.4 IF BECAME PREGNANT IN THE LAST 6 MONTHS (C1b=yes).]

4. **Have you not (always) used birth control including condoms in the past 6 months for any of the following reasons?**

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. You were afraid to ask? | 01 | 02 |
| b. You never thought of it? | 01 | 02 |
| c. You didn't know where to go, or had no transportation to get it? | 01 | 02 |
| d. It was too much hassle to use? | 01 | 02 |
| | <u>YES</u> | <u>NO</u> |
| e. You were afraid of side effects? | 01 | 02 |
| f. You didn't care if you got pregnant? | 01 | 02 |
| g. You didn't expect to get pregnant? | 01 | 02 |
| h. Your partner didn't like it? | 01 | 02 |
| i. You didn't like it or you didn't want to use it? | 01 | 02 |
| j. You thought it wouldn't work? | 01 | 02 |
| k. You didn't have any available? | 01 | 02 |
| l. Your religion wouldn't allow it? | 01 | 02 |
| m. You didn't plan to have sex or not having sex? | 01 | 02 |
| n. Need Medicaid or insurance renewal? | 01 | 02 |
| o. Any other reason? | 01 | 02 |

IF o=YES: 4sp. SPECIFY _____

[IF NO CONTRACEPTIVES USED (H1b-g+n=02), SKIP TO Q.6]

5. **What medical problems or side effects have you had with birth control in the past 6 months?**
MARK ALL THAT APPLY

- 01. NONE
- 02. MOOD CHANGES/DEPRESSION
- 03. WEIGHT GAIN
- 04. HEADACHES
- 05. BLEEDING BETWEEN PERIODS (MESSED UP PERIODS)
- 06. SKIN CHANGES(COLORATION; ACNE)
- 07. HAIR LOSS
- 08. OTHER SIDE EFFECTS (ASK 5sp)

5sp. SPECIFY _____

[IF DID NOT HAVE SEX IN PAST 6 MONTHS (H3=03) SKIP TO H11, UNLESS TEEN PREGNANT IN LAST 6 MO (C1b=yes)]

6. **In the past 6 months, that is since (PROGRAM MONTH), with how many males did you have sexual intercourse?**

|_|_|_|_|(0-99)

[IF DID NOT HAVE SEX IN PAST 6 MONTHS (H6=0) SKIP TO H11, UNLESS TEEN BECAME PREGNANT IN LAST 6 MO]

7. **In the past 6 months, did you ever drink alcohol when you had sexual intercourse?**

01 Yes

02 No

8. **In the past 6 months, did you ever use marijuana or other drugs when you had sexual intercourse?**

01 Yes

02 No

[IF TEEN DID NOT HAVE SEX (H6=0 OR H3=03) SKIP TO H11, UNLESS TEEN BECAME PREG IN LAST 6 MO]

9. **Altogether, how many times have you had sexual intercourse in the past 6 months, (that is, since (MONTH))?**

IF BECAME PREGNANT IN LAST 6 MO (C1b=yes): (but before you got pregnant, including the time you got pregnant)

- 01. 1 (ASK 9a)
- 02. 2 (ASK 9b)
- 03. 3 (ASK 9c)
- 04. 4 or more (ASK 9d)

- 9a. **Did you use some form of birth control that time? When we say birth control, this includes condoms.**

- 01. Yes (SKIP TO H11)
- 02. No (SKIP TO H11)

- 9b. **How many of those 2 times did you use some form of birth control? When we say birth control, this includes condoms.**

- 01. 0 (SKIP TO H11)
- 02. 1 (SKIP TO H10)
- 03. 2 (SKIP TO H11)

9c. How many of those 3 times did you use some form of birth control? When we say birth control, this includes condoms.

- 01. 0 times (SKIP TO H11)
- 02. 1 time (SKIP TO H10)
- 03. 2 times (SKIP TO H10)
- 04. 3 times (SKIP TO H11)

9d. Think about the last 4 times you had sexual intercourse (in the past 6 months). How many of those times did you use some form of birth control? When we say birth control, this includes condoms.

IF BECAME PREGNANT IN LAST 6 MO (C1b=yes): (before you became pregnant, including the time you got pregnant.)

- 01. 0 times (SKIP TO H11)
- 02. 1 time (SKIP TO H10)
- 03. 2 times (SKIP TO H10)
- 04. 3 times (SKIP TO H10)
- 05. 4 times (SKIP TO H11)

10. Did you use some form of birth control or condoms the last time you had sexual intercourse?

- 01 Yes
- 02 No

11. Do you have condoms available when you go out, when you're at home, or both?

- 01. Yes, when I go out
- 02. Yes, when I'm at home
- 03. Yes to both
- 04. No, neither

12. How old were you when you first got your period?

____ years (range: 05-19; 97=NA, 98=DK, 99=Ref)

SECTION I: Health Practices/ Attitudes

1. For these next questions, please use showcard #15. Now I'd like you to tell me whether you agree or disagree with the following statements..	01 Strongly Agree	02 Agree	03 Disagree	04 Strongly Disagree
a. In general, birth control is too much of a hassle to use. Do you...				
b. In general, birth control is too expensive to buy. Do you...				
c. It takes too much planning ahead of time to have birth control on hand when you're going to have sex.				
d. It is too hard to get a boy to use birth control with you.				
e. For you, using birth control interferes with sexual enjoyment. Do you...				
f. It is easy for you to get birth control.				
g. Using birth control is morally wrong.				
h. If you used birth control, your friends might think that you were looking for sex.				
i. It is better to be prepared with birth control even if you didn't know you would be having sex.				

2. For these next questions, please use showcard #16. Some teenagers don't use birth control because it's hard for them to plan for things like having sex. For each of the following statements, please tell me the answer that <u>best</u> describes how you feel.	Very True	Sort of True	Not Very True	Not At All True
a. If a girl uses birth control boys may think she is <u>too</u> prepared for sex. Is that . . .	01	02	03	04
b. It is hard for me to use birth control because I don't like to plan for sex. Is that . . .	01	02	03	04
c. Sometimes I have unprotected sex because I don't like boys to think I'm too prepared for sex.	01	02	03	04
d. I don't like to use birth control because if I do my parents and boyfriends will think I'm having sex.	01	02	03	04

[IF CURRENTLY PREGNANT (C1c=yes), SKIP TO Q.4]

3. For these next questions, continue using showcard #16. Some teenagers don't use birth control because they feel they don't need to. For each of the following statements, please tell me the answer that <u>best</u> describes how you feel.	Very True	Sort of True	Not Very True	Not At All True
a. I don't need birth control because I only have sex during the safe times of the month. Is that . . .	01	02	03	04
b. I don't have to use birth control because I've had sex for a while without getting pregnant. Is that . . .	01	02	03	04
c. I don't need birth control because my boyfriend is sterile.	01	02	03	04
d. I don't need birth control because my boyfriend is <u>very good</u> at withdrawal.	01	02	03	04

4. Some teenagers don't use birth control because they don't like the side effects it causes. For each of the following statements, please tell me the answer that <u>best</u> describes how you feel.	Very True	Sort of True	Not very True	Not At All True
a. I don't like any kind of birth control, so I have to take the chance of <u>getting</u> pregnant. Is that . . .	01	02	03	04
b. Using most forms of birth control is more dangerous than pregnancy at my age. Is that . . .	01	02	03	04
c. I don't use birth control because it causes too many side effects.	01	02	03	04
d. I can't use any kind of birth control; all kinds give <u>me</u> too many side effects.	01	02	03	04
e. Most people I know think birth control is dangerous; so I'm afraid to use it.	01	02	03	04

5. For these next questions, please use showcard #17.

If you wanted to use birth control, how sure are you that you could stop yourself and use birth control once you were highly aroused or turned on? Would you say . . .

- 01 Very sure
- 02 Moderately sure
- 03 Neither sure nor unsure
- 04 Moderately unsure
- 05 Very unsure
- 06 I NEVER WANT TO USE BIRTH CONTROL

6. How sure are you that you could plan ahead to have some form of birth control available? Would you say . . .

- 01 Very sure
- 02 Moderately sure
- 03 Neither sure nor unsure
- 04 Moderately unsure
- 05 Very unsure
- 06 I NEVER WANT TO USE BIRTH CONTROL

7. How sure are you that you could resist sexual intercourse if your partner did not want to use some form of birth control? Would you say . . .

- 01 Very sure
- 02 Moderately sure
- 03 Neither sure nor unsure
- 04 Moderately unsure
- 05 Very unsure
- 06 I NEVER WANT TO USE BIRTH CONTROL

8. When it comes to decisions about sex and birth control who has the final say? (NOTE: If no current boyfriend, think back to the most recent boyfriend you had sex with). Would you say...

- 01 Your boyfriend always does
- 02 Your boyfriend does most of the time
- 03 You both do the same
- 04 You do most of the time
- 05 You do always

Teen moms/ (teens) have different ideas about how having another baby might affect their life. We would like to ask you a few questions about how YOU feel about having another baby soon, and how you think it might affect your life. There are no "right" or "wrong" answers, we just want to know how you feel.

(IF TEEN CURRENTLY PREGNANT (C1c=01), SKIP TO H12)

9. Which of the following comes closest to how you feel? Would you say . . .

- 01 I definitely do not want to get pregnant again soon.
- 02 I wouldn't really mind getting pregnant again soon.
- 03 I would really like to get pregnant again soon.

10. Some teens think that having another baby would have a good effect and others think the effect would be bad.

a. Tell me which of these statements is most true for you.

- 01. I feel that having another baby soon would get in the way of my plans for the future,
- 02. I feel that having another baby soon would fit into my plans for the future, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

b. The next statements are . . .

- 01. Having another baby soon would be too much of a burden on me,
- 02. Having another baby soon would not be too much of a burden on me, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

c. (The next statements are . . .)

- 01. Having another baby soon would drive my boyfriend and me apart,
- 02. Having another baby soon would bring me closer to boyfriend, or
- 03. I go back and forth, so both are true for me
- 04. NEITHER ARE TRUE FOR ME
- 05 . NO BOYFRIEND

d. (The next statements are . . .)

- 01. If I had another baby, I would have to move out of my home, which I would not feel good about,
- 02. Having another baby would give me a chance to move out of my home, which I would feel good about, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

11. For these next questions, please use showcard #18. What do you think are the chances that you will get pregnant again soon? IF BABY DIED or no contact with baby (B6=0 OR B5=07) ASK... that you will get pregnant again soon?	01. Almost No Chance	02. Some Chance, Probably Not	03. A 50-50 Chance	04. A Good Chance	05. Almost Certain
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(AFTER H11, SKIP TO H14)

ASK IF TEEN CURRENTLY PREGNANT (C1c=yes)

12. Which of the following comes closest to how you feel? Would you say . . .

- 01 I definitely did not want to get pregnant again now.
- 02 I really didn't mind getting pregnant again now.
- 03 I really liked getting pregnant again now.

13. Some teens think that having another baby would have a good effect and others think the effect would be bad.

a. Tell me which of these statements is most true for you.

- 01. I feel that having another baby will get in the way of my plans for the future,
- 02. I feel that having another baby will fit into my plans for the future, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

b. The next statements are . . .

- 01. Having another baby will be a burden on me,
- 02. Having another baby will not be too much of a burden on me, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

c. (The next statements are . . .)

- 01. Having another baby will drive my boyfriend and me apart,
- 02. Having another baby will bring me closer to my boyfriend, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.
- 05. NO BOYFRIEND

d. (The next statements are . . .)

- 01. Having another baby, means I might have to have to move out of my home, which I would not feel good about,
- 02. Having another baby might give me a chance to move out of my home, which I would feel good about, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

Now think about your (mother/mother-figure).

For this next question, please use showcard #19.	Disapprove	Sort of Disapprove	Sort of Approve	Approve	NOT APPLICABLE
14. If you got pregnant again soon would your (mother/mother-figure). . . IF TEEN EVER PREGNANT AGAIN (C1=01) How does/did your (mother/mother-figure)...feel about your getting pregnant again? Does/did she...	01	02	03	04	-7

14a. For these next questions, please use showcard #20. Please tell me how much you agree or disagree with the following statements. [FI NOTE: C1=no, ASK "If you"; C1=yes, ASK "When you"]	01 Strongly Agree	02 Agree	03 Neither agree nor disagree	04 Disagree	05 Strongly Disagree
a. (If/When) you got pregnant again, it (would be/was) embarrassing for your family. Do you...					
b. (If/When) you got pregnant again, it (would be/was) embarrassing for you. Do you...					
c. (If/When) you got pregnant again, you (would feel/felt) that you had to quit school.					
d. (If/When) you got pregnant again, you (would be/were) forced to grow up too fast.					
e. (If/When) you got pregnant again you (would have/had) to decide whether or not to have the baby and that (would be/was) stressful and difficult.					

15. Now think about your brothers or sisters, and any cousins who lived with you, who were younger than 20 in the last year. Have any of them gotten pregnant, or gotten someone pregnant in the last 24 months?

- 01. Yes [GO TO Q.16]
- 02. No [SKIP TO SECTION J]
- 03. NO SIBLINGS/COUSINS UNDER 20 [SKIP TO SECTION J]

16. How many were sisters or female cousins, and how many were brothers or male cousins?

- a. Sisters/female cousins: _____
- b. Brothers/male cousins: _____

17. Now think about your brothers or sisters, and any cousins who lived with you, who were younger than 20 in the last year. Have any of them had a baby in the last 24 months?

- 01. Yes [GO TO Q.22]
- 02. No [SKIP TO SECTION J]

18. How many were sisters or female cousins, and how many were brothers or male cousins?

- a. Sisters/female cousins: _____
- b. Brothers/male cousins: _____

SECTION J: HEALTH PRACTICES – ATTITUDES & KNOWLEDGE

1. Now please use showcard #21. Imagine that sometime in the future you were to have sexual intercourse with someone just once, but were unable to use any method of birth control for some reason. What is the chance that you would get pregnant? Would you say . . .

- 01 Almost no chance
- 02 Some chance, but probably not
- 03 A 50-50 chance
- 04 A good chance
- 05 Almost certain
- 8 DON'T KNOW

2. For the next few statements, please tell me which phrase you think best completes the sentence.

A woman is most likely to get pregnant if she has intercourse...

- 01 a day or so before her period
- 02 during her period
- 03 halfway between periods
- 04 risk is the same throughout
- 8 DON'T KNOW

3. A sperm can stay alive and able to fertilize an egg in the woman's body for as long as...

- 01 two hours
- 02 1-2 days
- 03 3-7 days
- 8 DON'T KNOW

4. The least reliable method of birth control is:

- 01 condom
- 02 withdrawal
- 03 rhythm/safe days of the month
- 04 birth control pills
- 98 DON'T KNOW

5. The most reliable method of birth control is:

- 01 condom
- 02 depo provera (shots)
- 03 birth control pills
- 04 rhythm/safe days of the month
- 8 DON'T KNOW

SECTION K: ACCESS TO HEALTH SERVICES

1. Do you have a doctor or clinic that you go to for your regular health care for illnesses or health check-ups?

- 01 Yes (ASK Q1a)
- 02 No (SKIP to Q2)

1a. What is the name of the doctor or clinic?

- 01. Children's National Medical Center
- 02. Washington Hospital Center
- 03. Chartered Health
- 04. Other: (ASK Q1sp)

1sp Specify. _____ (OPENED TEXT)

2. **(In the past 6 months), did you meet with a health provider, doctor, or nurse?**

IF TEEN PREGNANT IN LAST 6 MO (C1b=yes) (In the last 6 months but before you became pregnant again,)

- 01 Yes
- 02 No (SKIP TO Q.9)
- 8 DON'T KNOW

3. **In the last 6 months, have you been told by a doctor or nurse that you had:**

- | | | |
|---------------------|-------------------|-------|
| 3a. Chlamydia? | 01 Yes | 02 No |
| 3b. HIV or AIDS? | 01 Yes | 02 No |
| 3c. Any other STDs? | 01 Yes (ASK 3_sp) | 02 No |
| 3_sp SPECIFY: _____ | | |

4. **In the last 6 months when you met with a health care provider, how often were you able to talk to that person without your parent or guardian sitting in? Would you say...**

- 01-Nearly every visit
- 02-Sometimes
- 03-Rarely
- 04-Never

5. **In the past 6 months, how often have you and the doctor or nurse talked about preventing pregnancy or using birth control? Would you say . . . IF TEEN BECAME PREGNANT IN LAST 6 MO (C1b=yes) (In the past 6 months but before you became pregnant again,)**

- 01 Nearly Every Visit (SKIP TO Q.5b)
- 02 Sometimes (SKIP TO Q.5b)
- 03 Rarely (SKIP TO Q.5b)
- 04 Never (GO TO Q.5a)

5a. **Why haven't you talked about it? Would you say . . .**

- 01 They never brought it up
- 02 I never asked
- 03 I was uncomfortable about asking
- 04 I didn't plan to have sex
- 05 Other (ASK 5_sp)

5_sp. SPECIFY: _____

5b. **How hard or easy (is it/would it be) for you to talk with your doctor or nurse about sex? Would you say . . .**

- 01 Very hard
- 02 Hard
- 03 Easy
- 04 Very easy

5c. **How hard or easy (is it/would it be) for you to talk with your doctor or nurse about preventing pregnancy or using birth control? Would you say . . .**

- 01 Very hard
- 02 Hard
- 03 Easy
- 04 Very easy

6. (In the past 6 months), did you receive advice, services, or a prescription for preventing pregnancy from any health provider?

IF TEEN BECAME PREGNANT IN LAST 6 MO (In the last 6 months but before you became pregnant again,)

- 01 Yes {SKIP TO Q7}
- 02 No {GO TO Q6a, THEN SKIP TO Q9}
- 8 Don't Know {SKIP TO 7}

6a. Why not? (MARK ALL THAT APPLY)

- 01 PARENTS WOULDN'T ALLOW IT
- 02 HEALTH PROVIDER DIDN'T BRING IT UP
- 03 AFRAID TO ASK
- 04 NEVER THOUGHT OF IT
- 05 DIDN'T DISCUSS SEX
- 06 WASN'T PLANNING TO HAVE SEX
- 07 DON'T WANT TO USE BIRTH CONTROL
- 08 OTHER (ASK 6a_sp)

6a_sp: SPECIFY: _____

[AFTER Q6a IS ASKED, SKIP TO Q.9]

7. Where did you receive that advice or service?

- 01 PRIVATE DOCTOR'S OFFICE
- 02 COMMUNITY HEALTH CLINIC (ASK 7sp)
- 03 SCHOOL
- 04 HOSPITAL (ASK 7sp)
- 05 PLANNED PARENTHOOD
- 06 SOME OTHER PLACE (ASK 7sp)

7sp: specify place _____

8. What birth control methods were recommended to you or for your partner by your doctor, a clinic, or Planned Parenthood (in the past 6months)? (MARK ALL THAT APPLY)

IF TEEN PREGNANT IN LAST 6 MO (In the last 6 months but before you became pregnant again,)

- 01. NONE
- 02. CONDOMS
- 03. BIRTH CONTROL PILLS
- 04. DEPO PROVERA (SHOTS)
- 05. PATCH
- 06. VAGINAL RING
- 07. IUD or IUCD
- 08. RHYTHM/SAFE DAYS OF THE MONTH/TEMPSAFE
- 09. WITHDRAWAL
- 10. DOUCHING
- 11. ABSTINENCE
- 12. MORNING AFTER PILL
- 13. OTHER (GO TO 8sp)

8sp: _____

IF CURRENTLY PREGNANT (C1c=yes) SKIP TO Q.11

9. Are you having problems getting birth control supplies?

- 01 Yes (ASK Q10)
- 02 No (SKIP to Q11)

10. What problems are you having? (CHECK ALL THAT APPLY)

- 01 PARENTS WON'T ALLOW IT
 - 02 DIDN'T KNOW WHERE TO GO
 - 03 NO TRANSPORTATION
 - 04 TOO EXPENSIVE
 - 05 NEED MEDICAID RENEWAL
 - 06 OTHER (Ask 10sp)
- 10sp. Specify:** _____

11. In the past 6 months, have you received any psychological or emotional treatment other than with the GirlTalk staff?

- 01 Yes
- 02 No

12 In the past year, have you been in a drug/alcohol abuse program?

- 01 yes
- 02 no

SECTION L: Problem Behaviors

In the past 6 months...

	Yes	No
1. Did you sneak out of the house to meet a boy?	01	02
2. Did you get drunk?	01	02
3. Did you ever stay out all night without your parents' permission?	01	02
4. ... lie to your parents about where you went?	01	02
5. ... go to a party at which peers drank alcohol?	01	02
6. ... go to a party at which peers smoked marijuana?	01	02
7. ... go to a party at which people had sex during or afterwards?	01	02
8. ... run away from home?	01	02

In the past 6 months did you ever...

	Yes	No
9. ... steal money or something worth \$10 or less?	01	02
10. ... steal money or something worth \$10 to \$50?	01	02
11. ... steal money or something worth more than \$50?	01	02
12. ... damage or destroy property?	01	02
13. ... get picked up by the police?	01	02
14. ... steal a car/ drive a car without the owner's permission?	01	02
15. ... trade sex for drugs, jewelry, clothes, or other nice things?	01	02
16. ... sell drugs?	01	02
17. ... carry a weapon?	01	02
18. ... belong to a gang?	01	02

**19. For these next questions, please use showcard #22.
Among the people you consider to be your closest friends who are girls, how many would you say...?**

	01 None	02 A Few	03 Some	04 Most	05 All
a. Drink alcohol once a week or more? Would you say...					
b. Have used drugs such as marijuana? Would you say..					
c. Have used other drugs such as cocaine?					
d. Do well in school?					
e. Plan to go to college or are in college?					

19. For these next questions, please use showcard #22. Among the people you consider to be your closest friends who are girls, how many would you say...?	01 None	02 A Few	03 Some	04 Most	05 All
f. Get into trouble at school?					
g. Have had a baby?					
h. Have had an abortion?					
i. Have had two or more babies?					

[IF TEEN NOT IN SCHOOL IN PAST 6MO (D2=03 OR ONLY 02), SKIP TO SECTION M]

20. In the past 6 months, that is since last (MONTH+YEAR), have you had any of the following problems in school?	Yes	No
a. Being expelled	01	02
b. Being suspended	01	02
c. Failing at least one class	01	02
d. Skipping school or class	01	02
e. Fighting	01	02
f. Dropping out or quit going	01	02
g. Any other problems? (IF YES, ASK 20sp)	01	02
20sp. SPECIFY: _____		

21. Have you ever been held back in school?

- 01 Yes
02 No {IF Q21=No, SKIP TO Section M}

22. How many times were you held back in school...

- a. during K-5? _____ times (range 0-9)
b. during 6th-8th grades _____ times (range 0-9)
c. during 9th-12th grades _____ times (range 0-9)
If 22c>0, ask 23

23. Why were you held back? (MARK ALL THAT APPLY)

01. FAILED AND WERE HELD BACK
02. SKIPPED SCHOOL AND WERE HELD BACK
03. TOO MANY ABSENCES AND WERE HELD BACK
04. MISSED SCHOOL BECAUSE OF ILLNESS AND WERE HELD BACK
05. DROPPED OUT FOR A WHILE
06. DON'T KNOW WHY
07. OTHER (ASK 22sp)

22sp. Specify: _____

SECTION M: Physical Abuse

1. Have you hit or physically hurt anyone in the past 6 months?

01. Yes, once
02. Yes, more than once
03. No (SKIP TO Q.3)

2. With whom did you fight? Was it . . . (MARK ALL THAT APPLY)

01. A total stranger,
02. A friend or someone else you knew,
03. A boyfriend or date,
04. A parent, brother, sister, or other family member,
05. A teacher, or
06. Someone else? (ASK 2_sp)

2_sp SPECIFY: _____

3. In the past 6 months...	Yes	No
a. Have you been physically abused, beaten, or harmed?	01	02
b. Have you been sexually abused, forced to have sex against your will, raped, or touched in sexual ways when you didn't want to be?	01	02
c. Did you see physical abuse of other people in your family or household?	01	02

SECTION N: Drug and Alcohol Use

1. On average how many days per week do you drink alcohol?	0 (SKIP TO Q4)	1	2	3	4	5	6	7	09. Less than once a week
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2. On a typical day when you drink alcohol, how many drinks do you have?	1	2	3	4	5	6	7	8	9	10	11	12 or more
3. In the past month, what was the maximum number of drinks you had on any given occasion?	1	2	3	4	5	6	7	8	9	10	11	12 or more

	Daily	3-4 times per week	1-2 times per week	Once a month	Less than once a month	Only once or twice	Never
4. In the past 6 months, about how often did you smoke cigarettes? Would you say...	01	02	03	04	05	06	07
5. In the past 6 months, about how often did you use marijuana? Would you say...	01	02	03	04	05	06	07 (SKIP TO Q.7)

6. When you use marijuana how many hits or puffs do you typically take?

|___| |___| (LIMIT=0-30)

7. In the past 6 months, have you used cocaine, crack or any other drugs such as meth, ecstasy, or Oxycontin?

01 Yes

02 No

During the past 6 months:	Yes	No
8. Have you ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?	01	02
9. Have you used alcohol or drugs to relax, feel better about yourself, or fit in?	01	02
10. Have you used alcohol or drugs while you were by yourself alone?	01	02
11. Have you forgotten things you did while using alcohol or drugs?	01	02
12. Have your family or friends told you that you should cut down on your drinking or drug use?	01	02
13. Have you gotten into trouble while you were using alcohol or drugs?	01	02

14. About how old were you the first time you drank alcohol, not counting sips you were given as a child from an older person's drink?

___ Years (IF NEVER DRANK, ENTER 0)

15. How old were you when you first smoked marijuana?
 ___ ___ Years (IF NEVER SMOKED, ENTER 0)

SECTION O: TEEN ATTITUDES

1. For these next questions, please use showcard #24. I'm going to read you some statements. The first one is...	01 Not at all like you	02 A little like you	03 Quite like you	04 Very much like you
a. I am good at making and keeping friends. Would people who know you say that this is...				
b. I am good at planning ahead. Would people who know you say that this is...				
c. I know how to say "no" when someone wants me to do things I know are wrong or dangerous.				
d. I think through the possible good and bad results of different choices before I make decisions. Would people who know you say that this is...				
e. I save money for something special rather than spending it all right away.				

2. Now please use showcard #25. For these next statements, tell me how much you agree or disagree.	Strongly agree	Agree	Disagree	Strongly Disagree
a. I have little or no control over the things that happen to me. Do you. . .	01	02	03	04
b. There is really no way I can solve some of the problems I have. Do you . . .	01	02	03	04
c. There is little I can do to change many of the important things in my life.	01	02	03	04
d. I often feel helpless in dealing with the problems of life.	01	02	03	04
e. Sometimes I feel that I am being pushed around in life.	01	02	03	04
f. What happens to me in the future mostly depends on me.	01	02	03	04
g. I can do just about anything I set my mind to do.	01	02	03	04

3. How important is it to you that you... (USE SHOWCARD23)	01 Not at all Important	02 Not very Important	03 Somewhat Important	04 Very Important
a. Find a job. Is this. . .				
b. Are a good daughter.				

SECTION P: TEEN ROUTINES AND RESPONSIBILITIES

Now we are going to talk about your routines and responsibilities.

1. What time do you usually go to bed at night on a weekday?

___ __:00 am/pm (FI NOTE: MIDNIGHT=12am/NOON=12pm)

2. What time do you usually get up on a weekday?

___ __:00 am/pm (FI NOTE: MIDNIGHT=12am/NOON=12pm)

Now what about the weekend.

3. What time do you usually go to bed at night on the weekend?

__ __:00 am/pm (FI NOTE: MIDNIGHT=12am/NOON=12pm)

4. What time do you usually get up on the weekend?

__ __:00 am/pm (FI NOTE: MIDNIGHT=12am/NOON=12pm)

5. Now think about the past week.

During the past week, for how many hours did you watch TV, videos, or play video games?

____ (0-160)

6. For the next few questions think about your regular routines during the past 6 months.	Yes	No		Yes	No
a. In a typical week during the past 6 months, did you do work around the house, such as cleaning, cooking, or doing laundry?	01	02			
b. In a typical week during the past 6 months, did you do hobbies, such as playing a musical instrument, reading, crocheting, sewing, writing or doing art projects?	01	02			
c. In a typical week did you play on a team sport, such as softball, basketball, soccer, volleyball, track, gymnastics, cheering clubs or step clubs?	01	02 (Ask Q6c1)	6c1. Have you tried to find out about participating in this?	01	02
d. (In a typical week) did you do exercise, such as jogging, walking, karate, jumping rope, or dancing?	01	02			
e. (In a typical week) did you just hang out with friends?	01	02			
f. (In a typical week) did you participate in activities at a neighborhood recreation or community center?	01	02 (Ask Q6f1)	6f1. Have you tried to find out about participating in this?	01	02
g. In a typical week during the past 6 months, did you participate in any after school activities at your school or school- based clubs?	01	02 (Ask Q6g1)	6g1. Have you tried to find out about participating in this?	01	02
h. In a typical week did you participate in any neighborhood teen clubs?	01	02 (Ask Q6h1)	6h1. Have you tried to find out about participating in this?	01	02

7. Now please use showcard #26. For the next few questions, please tell me how true these statements are for you.	01 Very True	02 Quite True	03 A Little True	04 Not at All True
a. I'm the kind of person who will try anything once, even if it's not that safe. Would you say this is...				
b. People who get me angry better watch out. Would you say this is...				
c. I like to do exciting things even if they are dangerous.				

8.	Now please use showcard #27. For the following statements, please tell me how often this is like you.	01 Never or Rarely	02 Sometimes	03 Most of the Time	04 Always
	a. I do things without giving them enough thought. Would you say this is like you...				
	b. If someone tries to hurt me, I make sure I get even with them. Would you say this is like you...				
	c. I become “wild and crazy” and do things that other people might not like.				
	d. When I’m doing something for fun such as partying, acting silly, I tend to get carried away and go too far.				
	e. I lose my temper and “let people have it” when I’m angry.				
	f. When someone tries to start a fight with me I fight back.				

9.	Still using showcard #27 for the next few questions, please tell me how often....	01 Never or Rarely	02 Sometimes	03 Most of the Time	04 Always
	a. do you do what you say you’re going to do?				
	b. do you do what is asked of you?				
	c. are you on time?				
	d. do you save money?				

SECTION Q: RESPONSIBILITY

(FOR “mother/mother-figure”: PROGRAM “**mother**” IF MF=01 or 03, OR “**mother-figure**” IF MF=02)

1. The next few questions are about the activities you or someone else does around the house. (CHECK ALL THAT APPLY.)	TEE N	MOTHER/ MF	SOMEONE ELSE	NO ONE	N/A
a. Who fixes meals? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
b. Who does the grocery shopping? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
c. Who does the inside cleaning?	01	02	03	04	-7
d. Who pays the bills?	01	02	03	04	-7
e. Who does the laundry?	01	02	03	04	-7

[SKIP TO Q.3 IF BABY DIED (B1=01) OR (B6=07) OR (B7=0)]

f. Who takes (NAME OF BABY) to the doctor or clinic? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
g. Who puts (NAME OF BABY) to bed? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
h. Who feeds (NAME OF BABY)?	01	02	03	04	-7
i. Who bathes (NAME OF BABY)?	01	02	03	04	-7
j. Who changes (NAME OF BABY)'s diapers?	01	02	03	04	-7

2. How many people besides you would be able to take care of (NAME OF BABY) for several hours if needed? (SELECT ONE)

0 1 2 3 4 5 6 7 8 9 10 or more

3. How many friends do you have who you talk to about your problems? (SELECT ONE)

0 1 2 3 4 5 6 7 8 9 10 or more

4. In a typical week, about how much time do you spend talking on the phone?

|__|__| minutes (LIMIT=0-59) |__|__| hours (LIMIT=0-59)

5. What kind of bank account do you have? Do you have . . .

01. Savings
02. Checking
03. Both
04. Other
05. None

6. About how much are you able to save in an average month?

_____ \$ (LIMIT 0-5000)

7. Do you have a cell phone for your personal use?

01 Yes
02 No

8. Is there a house phone (landline phone) where you live?

01 Yes
02 No

SECTION R: FATHER-FIGURE

Think back to the last time we conducted an interview with you and we asked you about the person who was most like a father to you. For the next few questions we will be asking about this same person again.

1. What is your relationship to this person? (IF TEEN CANNOT SPECIFY RELATIONSHIP, REQUEST HIS FIRST NAME)?

01 BIOLOGIC FATHER
02 OTHER (GO TO Q.1sp)
 1sp: SPECIFY _____ (Use for programming below).
03 NO FATHER -FIGURE IN HER LIFE (SKIP TO SECTION S)

2. Are you currently living with him?

- 01 Yes {SKIP TO Q5}
02 No

3. When did you last live with him?

- _____ # weeks ago (RANGE 0-4)
_____ # months ago (RANGE 0-12)
_____ # years ago (RANGE 0-19)
-7 Never lived with FATHER/FF

4. In the last 6 months (OR since you stopped living with him), about how often have you talked to him in person or on the telephone, or received a letter from him? Would you say. . .

- 01 Not at all, {SKIP TO SECTION S: BIO FATHER}
02 Once or twice,
03 Several times,
04 A few times a month, or
05 More than once a week?
-8 DON'T KNOW

5. In the last 3 months, which of the following things have you done with him?	Yes	No	NA
(SKIP 5a IF BABY DIED AT DELIVERY (A3=01) OR (B8=07) OR (B9>6))	01	02	03
a. Spent time together with the baby	01	02	03
b. Stayed overnight at his place	01	02	03
c. Gone shopping?	01	02	03
d. Gone to a religious service or church-related event?	01	02	03
e. Talked about someone you're dating?	01	02	03
f. In the last 3 months, have you and your (FATHER/F-F) gone to a movie, play, museum, concert, or sports event?	01	02	03
g. Had a talk about a personal problem you were having?	01	02	03
h. Had a serious argument about your behavior?	01	02	03
i. In the last 3 months, have you and your (FATHER/F-F) talked about your school work, grades, or education?	01	02	03
j. Had a vacation together?	01	02	03

SECTION S: BIOLOGIC FATHER

{ASK SECTION S ONLY IF R1 =02 or 03} {IF R1_1 =01 (FF IS BIOLOGIC FATHER) THEN SKIP TO SECTION T.}

Now I'd like to ask you about your biologic father.

1. In the last 12 months (OR, since you stopped living with him), about how often have you talked to him in person or on the telephone, or received a letter from him? Would you say. . .

- 01 Not at all,
02 Once or twice,
03 Several times,
04 A few times a month, or
05 More than once a week?
06 BIOLOGIC DAD NOT LIVING

SECTION T: ADULTS IN TEEN'S LIFE

1. Is there an adult whom you look up to who is not related to you or living with you? This does not include your boyfriend or someone from the GirlTalk project.

- 01 Yes
02 No (SKIP TO FINAL SCREEN-1)

	Adult 1	Adult 2
2. What is your relationship with this person? 01. ADULT FRIEND 02. NEIGHBOR 03. RELIGIOUS LEADER 04. SOCIAL WORKER/ COUNSELOR 05. TEACHER 06. HEALTH PROFESSIONAL 07. OTHER (ASK 2sp) 2sp Specify _____	01 02 03 04 05 06 07	01 02 03 04 05 06 07
} SKIP TO Q.3		
2a. How far in school did this person complete? 01 COMPLETED GRADE SCHOOL OR LESS 02 SOME HIGH SCHOOL 03 COMPLETED HIGH SCHOOL 04 SOME COLLEGE 05 COMPLETED COLLEGE 06 GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE -8 DON'T KNOW ? ASK Q.2b	01 02 03 04 05 06 -8	01 02 03 04 05 06 -8
2b. Did this person go to college? 01 Yes 02 No -8 DON'T KNOW	01 02 -8	01 02 -8
3. How often do you have contact with this person? Would you say . . . 01. A few times a year or less 02. Once a month 03. A few times a month 04. Once a week 05. A few times a week	01 02 03 04 05	01 02 03 04 05
4. Who makes contact in this relationship? Would you say . . . 01 You do 02 They do 03 Both make an equal amount of contact	01 02 03	01 02 03
5. Do you go to this person to talk about things that are personal? 01. Yes 02. No	01 02	01 02
6. Do you get guidance or advice from this person about planning for your future? 01. Yes 02. No	01 02	01 02

	Adult 1	Adult 2
7. Can you count on this person to be there for you or to help you when you need something? 01. Yes 02. No	01 02	01 02
8. For these questions, use showcard #28. How important do you think it is to this person that you <u>continue your education</u>? Would you say . . . 01. Very Important 02. Somewhat Important 03. Not Very Important 04. Not at all Important	01 02 03 04	01 02 03 04
9. How important is it to this person that you <u>get a good job</u> or be successful in a career? 01. Very Important 02. Somewhat Important 03. Not Very Important 04. Not at all Important	01 02 03 04	01 02 03 04
10. Now use showcard #29. If you got pregnant again in the next year, would this person. . . IF BABY DIED(B1=06 or 07) OR ADOPTED (B5=07)) (in the next year), IF PREGNANT AGAIN, ASK (How does this person feel about your being pregnant again. Does this person. . .) 01. Disapprove 02. Somewhat Disapprove 03. Neither Approve nor Disapprove 04. Somewhat Approve 05. Approve	01 02 03 04 05	01 02 03 04 05
11. Does this person's guidance focus more on your parenting skills or on your own education and career development? 01. parenting skills 02. education/career 03. both 04. neither	01 02 03 04	01 02 03 04
12. Is there another adult whom you look up to who is not related to you or living with you? This doesn't include your partner/boyfriend or someone from the GirlTalk staff. 01. Yes 02. No	01 {GO BACK TO Q.2) 02 No {SKIP TO FINAL SCREEN-1)	

FINAL SCREEN-1

That was our last question today. Thank you for taking the time to answer our questions.

Please remember that you need to take the pregnancy test at home in the next week, if you have not already. Did you receive your pregnancy kit? You will be mailed \$15 once you complete the pregnancy test.

FINAL SCREEN-2

[SHOW IF C1=yes (TEEN PREGNANT AGAIN)]

END INTERVIEW NOW AND COMPLETE "Positive Pregnancy Form" WITH TEEN.

FINAL SCREEN-3

[DO NOT SHOW IF C1=yes (TEEN PREGNANT AGAIN)]

Have you completed your ept?

IF YES, COMPLETED EPT: Have you called in your results? What were your results?

IF RESULTS NEGATIVEà RECORD TEEN'S RESULTS IN DMS

IF RESULTS POSITIVEà COMPLETE Hardcopy "Positive Pregnancy Form" WITH TEEN NOW.

SAY TO ALL: Thank you again for your time today. This is the final evaluation for the GirlTalk program. We will get in touch with you in the future if you can help us some more.